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ITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)

1915/13987US04

Examiner

Telephone Number

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).))

FY 2005

Application Number 09/976,556

1651

Art Unit

Filed October 11, 2001

Leon B. Langford, Jr.

"Composition For Making A Bone Paste" (As Amended Herein) For

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

		<u>Fee</u>	Small Entity Fee							
	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$						
	☐ Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$						
		\$1020	\$510	\$ <u>1020.00</u>						
	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$						
	☐ Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$						
	Applicant claims small entity status. See 37	CFR 1.27.								
	A check in the amount of the fee is enclosed.									
	Payment by credit card. Form PTO-2038 is attached.									
	The Director has already been authorized to charge fees in this application to a Deposit Account.									
\boxtimes	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-0017</u> . I have enclosed a duplicate copy of this sheet.									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
I am th	ne applicant/inventor.									
assignee of record of the entire interest. See 37 CFR 3.71										
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).										
attorney or agent of record. Registration Number 32,167										
attorney or agent under 37 CFR 1.34.										
	Registration number if acting under 37	CFR 1.34	_ •							
	() all most a series		Danambar 27, 20	05						
	Signature		December 27, 20 Date							
	Donald J. Pochopien		312-775-8000							

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

Typed or printed name

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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PTO/SB/17 (12-04)
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Under the Paper	work Reduction Act	or 1995, no person	s are required	to respond to a collect	ion or imorman	on unless it display:	s a valid ONB Control Humbe				
Pres pyrsuant to the	Effective on 12/	08/2004. ropriates Act. 2005	/H R 4818)		Com	plete if Known					
THE PURSUANT TO THE	TDANG	CAITT A	1	Application Number	09/976,556						
FEE TRANSMITTAL				Filing Date	October 11, 2001						
<i>ゅの3 5000</i> 名	for FY 2	2005		First Named Inventor	Wironen, et al	•					
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				Examiner Name	Leon B. Langf	ord, Jr.					
	ims small entity	status. See 37 C	FR 1.27	Art Unit	1651						
TOTAL AMOUNT	OF PAYMENT	(\$) 1020.00		Attorney Docket No.	1915/13987U	\$04					
METHOD OF PAYME	NT (check all that a	oply)	±-°	-							
Check Credit Card Money Order None Other (please identify):											
Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy											
For the above	e-identified depos	sit account, the Dir	rector is here	eby authorized to (che	eck all that ap	ply)					
⊠ Charg	Charge Fee(s) indicated below Charge Fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fees(s) Credit any overpayments under 37 CFR 1.16 and 1.17											
	WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
FEE CALCULATIO	N			<u> </u>							
1. BASIC FILING, S	•										
Application T		LING FEES Small Entity Fee(\$)	SE/ Fee(\$)	ARCH FEES Small Entity Fee(\$)	Fee(\$)	IATION FEES Small Entity Fee(\$)	Fees Paid(\$)				
Utility	300	150	500	250	200	100					
Design	200	100	100	50	130	65					
Plant	200	100	300	150	160	80					
Reissue	300	150	500	250	600	300					
Provisional	200	100	0	0	0	0					
2. EXCESS CLAIM FEES							Small Entity				
Fee Description]	Fee(\$) <u>Fee(\$)</u>				
				than in the original pa claim more than in th		ent	50 25 200 100				
Multiple dependent	•	i itelssues, each i	ndependent	Claim more than in t	ie Originai pat	ent	360 180				
Total Claims		xtra Claims	Fee(\$)	Fee Paid (\$)		Multiple Der	pendent Claims				
	-20 or HP	× .		=		<u>Fee</u>	Fee Paid (\$)				
_		ns paid for, if grea			_						
Indep. Claims	-3 or HP	xtra Claims	<u>Fee(\$)</u>	Fee Paid (\$)							
HP = highest nur	<u> </u>	ent claims naid fo	r if greater t		•						
HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE											
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
Total Sheets											
-100 /50 (round up to a whole number) x =											
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)											
Other: Petition for 3 month extension of time											
Outer. Feduoti for 3 month extension of time											
SUBMITTED BY											
Signature	(Iral	V Back	mis	Registration No. (Attorney/Agent)	32,167	Telephone	(312)775-8000				
Name (print/type)	Donald J. Pocho	plen	0	- Manuely-Menny		Date	12/27/2005				